Passion Tree Care Services Ltd

Passion Tree Care Services Ltd (Havering Branch)

Inspection report

The Old Brickworks
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Passion Tree Care Services Ltd (Havering Branch) is a domiciliary care agency registered to provide personal care. At the time of the inspection, sixteen people were receiving support with personal care.

People's experience of using this service and what we found

The service sought to keep people safe from abuse. The service assessed risks to people to keep them safe when caring for them. Staff were recruited safely and their attendance at calls was punctual. People's medicines were managed safely. Infection prevention and control measures were in place. Lessons were learned when things went wrong to minimise the risk of re-occurrence.

People's needs were assessed before they used the service so the provider knew whether they could meet those needs. Staff were trained how to do their job and were provided an induction before starting employment. People were supported to eat and drink and make choices with their food. Staff worked with other agencies to provide effective care, particularly health care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's consent was sought when care was provided.

People and relatives told us staff were caring. People's equality and diversity characteristics were respected as was their privacy and dignity. People and relatives were able to express their views about the care provided. People were encouraged to be independent.

Care plans recorded people's needs and preferences and people received person centred care. People's communication needs were met by staff and their communication needs and preferences recorded in care plans. People were supported with activities they wanted to do. People and relatives were able to complain, and the service responded to complaints appropriately. People had the choice to share their end of life wishes if they wanted to.

The provider promoted a positive culture and person-centred service; people, relatives and staff thought the service was well led. Staff and management knew their job roles and responsibilities. There were quality assurance systems in place, so the provider was able to continuously learn and improve, this included gathering feedback from people and relatives. Staff were able to engage with the registered manager through regular meetings or supervision. The service worked in partnership with other organisations to benefit people using the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 18 March 2021 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Passion Tree Care Services Ltd (Havering Branch)

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we held received about the service. We sought feedback from the local authority

and professionals who might work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with the registered manager and two carers for the service. We reviewed a range of records. This included four people's care records. We looked at nine staff files in relation to recruitment, five of whom worked for the provider from abroad. We also looked at a variety of records relating to the management of the service.

We continued to seek clarification from the provider to validate evidence found. This included speaking to the Information Commissioners Office about data transfer. We looked at further evidence sent to us by the registered manager in regard to staffing, training and information governance.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- They were systems in place to safeguard people from the risk of abuse. One person said, "I do feel safe [with staff], definitely"
- Staff received training in safeguarding and knew what to do should they suspect abuse. One staff member said, "I would raise a concern with my manager and make sure the person is safe. They will raise a concern with appropriate people like the police, CQC [Care Quality Commission] or local authority." Safeguarding concerns were raised with the manager and actions taken to ensure people were kept safe.
- The provider had previously raised a safeguarding concern with a local authority to ensure a person was being safeguarded from abuse. This showed the service had acted appropriately and sought to keep people safe by sharing information and involving other relevant health and social care professionals.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. Care plans and risk assessments recorded information about people's lives and potential risks to them. These were personalised, covering aspects of people's relevant social situations and highlighting what specific risks there were to them. These assessments focused on health and people's home environment.
- One risk assessment we saw covered a person's specific mental health concerns, how their symptoms presented and what staff needed to do to support this person. Another risk assessment provided information about a person's mobility, how staff should support their movement and also gave servicing dates for the equipment they used to mobilise. This demonstrated risk to people were managed by the service.

Staffing and recruitment

- Recruitment practices were robust. We looked at four care staff files and five call centre staff files; call centre staff worked abroad. We saw pre-employment checks such as criminal record checks had been carried out to ensure staff were suitable to work with vulnerable people. The service also completed other required checks such as recording staff employment history and checking their proof of identity.
- The service had an electronic call monitoring system calls which assisted them to ensure all calls were covered by staff. We analysed the call monitoring data for this service. We looked at information provided by the service to see whether staff turned up on time and completed calls for the duration they were paid to. We saw staff were either early or on time. People confirmed this data and told us staff attended calls on time for the most part and would call if they were going to be late. One person said, "They arrive on time."

Using medicines safely

- Medicines were managed safely. One staff member told us, "I am medication competent, we have to

follow our rules and we make sure it is the right person, the right medication and the right amount and we check these things to make sure it is all right."

● Staff were trained in medicines administration and their competency was checked to ensure they knew how to administer medicines safely. Medicine Administration Record (MAR) sheets were audited regularly so the service knew people's medicines had been administered correctly. We reviewed MAR sheets for four individuals and found medicines were administered as prescribed.

● People's care plans contained medicine assessments which provided information about people's medicines. This information included the types of medicine prescribed, when a person should take their medicine and how they should take it, as well as any risks to the person with regards to their medicines.

● We also saw there were protocols in place for people who were administered medicines as and when required, such as pain medicines and/or medicines for anxiety. This meant people were administered medicines by staff who knew when they could do so safely.

Preventing and controlling infection

● The service had infection prevention and control measures in place. The service had an infection control policy which staff followed. Staff were trained on how to use Personal Protective Equipment (PPE), about COVID-19 and more generally about infection control. The provider supplied staff with PPE and had sufficient stock levels to ensure people and staff were protected.

● Staff were tested regularly for COVID-19 to lessen the risk of infection transmission. The service recorded staff's test results to ensure these were being done to keep people safe. One staff member told us, "We did infection control training and we use PPE and we change before we go from one place to another."

Learning lessons when things go wrong

● Lessons were learned when things went wrong. Incidents and accidents were recorded by staff who acted responsively when adverse situations arose. The registered manager, or delegated staff, completed follow up actions when incidents had been reported. This included contacting emergency services, such as the ambulance service, where required. One person told us, "I didn't want to go to hospital. I had a [health related incident] I called the coordinator and they insisted I go to hospital and made sure the carer came early and supported me when the ambulance came."

● When incidents occurred, information was shared with appropriate parties. This included relatives, health care professionals, local authorities and the service's own staff. This meant people's safety was promoted and lessons learned when things went wrong.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they used the service. This meant the service knew whether they were able to support people properly or not. Assessments covered people's health needs and social circumstances and were the foundation of people's care plans. Assessments looked at people's equality characteristics and were in line with the law.

Staff support: induction, training, skills and experience

- Staff received inductions, were trained and were supported in their roles. The provider kept documentation which showed staff had completed specific training during their induction period to assist them to be ready and prepared for their new roles. This included reviewing the provider's policies and shadowing experienced staff in the role.
- Staff received regular training so they could support people effectively. This training included manual handling, basic first aid and life support, safeguarding and infection control. One staff member told us, "Yes we get training and we review it regularly, they offer it all the time. We do it and keep it up to date."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink and maintain a balanced diet. Care plans contained information about people's dietary requirements and the foods they liked. For example, one care plan we looked at highlighted a person had a Coeliac condition. There was further information about how family members supported the service by providing gluten free foods.
- Staff received training on fluids and nutrition that was updated regularly. One staff member told us, "We had training in food handling and food hygiene and preservation. People have to decide what food they want and we support them with that."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to provide effective care. The service worked alongside health and social care professionals, to ensure people received the care and treatment they required. This included social services, health care professionals and other agencies who supported people in their lives.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with access to health care. A staff member said, "I have supported people with their health. I have had to call the paramedic and GP before and also liaise with the pharmacist. We work with people who have pressure sores and we liaise with district nurses."
- The provider contacted and referred people to health care professionals and services where appropriate.

This included but was not limited to pharmacists, district nurses, general practitioners, pharmacists and emergency services.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

● People told us their consent was sought before care was provided. One person said, "They always ask me my permission before they do anything." Care plans contained consent agreements which indicated people had given their consent. Where people lacked capacity, this was recorded, and advocates and or family members were involved to assist best interest decisions being made.
● Staff were trained in the MCA. One staff member told us, "The important thing is not to assume if someone has dementia, they don't have capacity; you have to give them choices and preferences."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated well by staff. One person told us, "Yes they do care, they care about everything and they take their time." Spot checks and observation of staff documents showed people and relatives had given positive feedback about how people were cared for.
- People's equality and diversity was respected. People's needs and characteristics were recorded in their care plans and staff were trained in equality and diversity. One staff member told us, "We provide person centred care and we know about the person, their religion and their individual care."
- Care plans recorded people's cultural needs. The service worked with people from a variety of different cultural backgrounds and their needs were recorded in their care plans. For example, we saw people's faith was recorded as well as how this may dictate their dietary requirements. This meant the service took people's diversity into account when supporting them.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and be involved with decisions about their care. One person said, "Yes they do [involve me], we did an assessment and we review it."
- Care plans were signed to document people's or relative's involvement. Care plan completion and reviews, spot checks and telephone monitoring provided various means where views could be expressed, and people could be involved in decision making around care. Staff told us they always sought people's views. One staff member said, "I always ask people what they what they want."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us people's privacy and dignity was respected. One relative said, "Yes they do [respect persons privacy and dignity]. That was the first thing we had in the beginning, they give [person] space, they don't try to come too close or they will ask [family member] and explain what they are doing." A staff member told us, "We make sure clients are covered when we do personal care and doors are closed."
- People's confidential information was stored in locked cabinets and or on password protected electronic devices.
- People's independence was promoted. Staff told us they promoted people's independence and encouraged people to be as independent as possible. One staff member said, "People can do things by themselves, sometimes they just need a little prompting and encouragement. It is good for them." Care plans provided instructions for staff which sought to empower people as much as possible and get them to do what they could for themselves.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's care was personalised and they had choices and control in how they received care. One person told us, "This is how I want my care, if it has to do with cleaning or how I want my breakfast, I tell them and they do it."

● People's needs, and preferences were recorded in care plans. Care plans were detailed and contained personalised information about people and their needs and preferences. These care plans were reviewed regularly or as and when necessary, such as when people's needs changed. Areas covered included people's health conditions, potential risks to them, how people wanted to receive care and how they liked to spend their time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The service met people's communication needs. Care plans contained information about people's communication needs and preferences. Where people were non-verbal and/or had differing communication needs, there was information for staff about how to communicate with theme. One relative told us how staff 'listened' to their family member even though they were non-verbal. They said, "Yes they will (listen to family member), give them eye contact and talk to them like a normal person. They treat them like everyone else. (Person) looks forward to them coming."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported to be involved in activities they liked. Care plans recorded the types of things people liked to do. For example, playing pool, table tennis and walking. There was evidence in care notes of staff supporting people with these activities which relatives confirmed. One relative told us, "Yes they do assist [person] do things they like to do. They like a dance, and music. The carers understand and make it fun."

Improving care quality in response to complaints or concerns

● People and relatives told us they were able to raise complaints and concerns. One person said, "I do complain if I need to. I have done previously, and these things were rectified. I called them and they sorted it

out."

● Complaints were recorded and dealt with by the provider in line with their policy. The provider maintained a complaints tracker to ensure when complaints were raised, actions were completed to address them. Records of meetings and emails showed appropriate action was taken following complaints, learning shared with staff and apologies made to people and relatives.

End of life care and support

● At the time of our inspection no one at the service was at end of life. However, care plans provided the opportunity for people to record their end of life wishes if they wanted to. The provider was also able to provide training for staff on end of life care should the service begin working with people who required this type of care.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted a positive culture that was person centred. Care plans and other documentation sought to place people at the centre of their care. Staff training emphasised putting people first.
- People and relatives told us the service was well led. One relative said, "I had interaction right at the beginning [with the manager] and whenever I call the office, they are cordial and they will call up and ask if we are happy with the services, so are constantly in touch with me. They are a good service." A staff member said, "The management is good. They are always getting better, if there is an issue and they try to improve it and get better."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager and staff were clear about their roles and responsibilities. Staff files contained job descriptions, which explained staff roles and responsibilities.
- The registered manager, who was also the sole director for the provider company, understood and monitored quality performance of the service, particularly staff practice. This was done through spot checks and telephone monitoring. The registered manager was aware of the risks people faced and the broader risks the service faced working within the adult social care sector.
- The provider informed relatives, local authorities and health professionals about risks to people where appropriate. They notified the CQC when required to do so in line with health and social care regulation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open and honest when things went wrong. They investigated incidents, accidents concern and complaints. They communicated findings with people, relatives and local authorities as appropriate. They apologised if staff or the service were at fault or could do better.

Continuous learning and improving care

- The provider had quality assurance in place which they sought to learn from and improve care. These included spot checks, telephone monitoring and staff observations. These quality assurance measures were completed regularly and sought feedback from people receiving care, as a means to improve it. People's responses were recorded and where appropriate shared with staff in meetings or supervision.
- Feedback about the care provided was generally positive.

● The provider employed staff who worked abroad to assist with monitoring calls to the service and staff activity. We received assurance from the Information Commissioners Office, who are the UK's independent authority set up to uphold information rights, this was in line with the United Kingdom General Data Protection Regulation (UK GDPR).

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and relatives were able to be involved with the service. The provider had regular contact with people and relatives to assure the quality of care being provided. This was done through telephone monitoring, spot checks and or staff observations. One person said, "They always call and they show understanding. They ask what we want and our feedback"

● Staff could engage with the service and be involved in how the service was run. Staff attended meetings and supervisions where they could provide input into how the service worked. One staff member said, "We have staff meetings and we are trying to get back to face to face meeting, we were doing zoom meetings. Everyone raises issues about services users, their concerns and training. They tell us if there are new polices and things we need to know"

● Quality assurance processes and engagement with people and staff led to learning for the service and care was improved as a result.

Working in partnership with others

● The service worked with other agencies and services. This was done to ensure people received good quality care. This partnership working was evidenced in people's care plans and/or through service records. The service worked with a range of professionals including GPs, pharmacists, social services and other healthcare professionals.

● The provider was also a member of networks and forums. This provided the opportunity to seek and access information as well as share ideas. This was all done to benefit people who used the service.